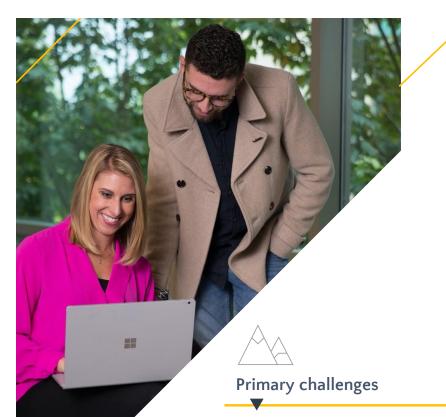# Humata: Transforming Prior Authorization

Solving prior authorization
on both sides of the fax machine

[Feb 2025]

The current prior authorization process wastes physicians' time and delays patient care.

Payer complexity and ever-shifting rules muddy health care's prior authorization process, making it burdensome – and negatively impacting patient outcomes. What is needed is a solution that will automate processes and create efficiencies in a scalable manner.

Primary challenges

Many facets of health care are stressed by prior auth. Providers experience administrative burdens and high denial rates; patients endure delays in care – even adverse events; and payers must navigate inconsistent or incomplete provider submissions.

Ideal solution

We must solve the prior auth conundrum for providers *and* payers. The ideal solution? An AI-driven platform that enables touchless authorizations *and* patient transparency. One that supports the end-to-end continuum for high-volume service lines *and* payers.

Desired outcomes

90% touchless authorizations
+
<2 minutes for human-touched authorizations
+
100% patient transparency

HUMATA HEALTH
human**+d**ata

About Humata Health

Our AI-driven platform revolutionizes prior authorization for providers and payers, seamlessly managing end-to-end workflows. It is *transformative* AI that is working to improve patient care – and patient outcomes.

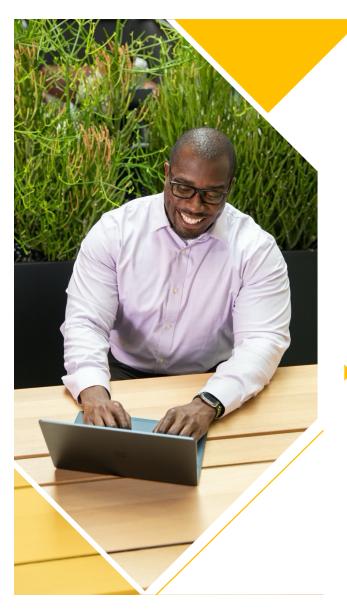### Supports all high-volume service lines

Radiology, Cardiology, Orthopedics, Neurology, Pain Procedures and Injections, Gastroenterology, Surgery, and more.

Connected to all high-volume payers

230+ payer endpoints, including Aetna, Availity, Cigna, EviCore, Evolent, UnitedHealthcare, and many more.

Proactively prevents denials and enables transparency

In our AI-driven, exception-based environment, submissions are more efficient, and your internal workload is reduced.

Customer success: Allegheny Health Network partnered with Humata to centralize and automate 200,000+ annual prior authorizations

"Automating prior authorization is a critical step towards improving revenue cycle management. It enables us to optimize operational workflows, reduce errors, and ultimately, deliver better financial outcomes for our organization while ensuring our patients receive the best possible care. When I think about Humata, I hone in on the 30% of referral volume they are automating so our staff doesn't need to touch them."

–Morgan Kroskie, Corporate Director, Central Authorization Department, AHN

~19

days-out for prior authorizations to be approved prior to service due to the exception-based workflow

96%

first-pass approval rate due to improved quality of submissions

60%

improvement in Peer-to-Peer rate; currently performing at 3.5% from a baseline of 8.5% for Neuroscience

Customer success: Renown Health and Humata partnered to transform the prior authorization process with the use of automation and AI

"Humata has enabled a new level of efficiency which has allowed us to work further days out than ever before. This is critical for procuring authorizations timely and limiting any negative impact to patient care."

-Jessica Bradley, Supervisor of Customer Engagement, Renown Health

▶ **45%**
of coverages were auto-completed by Humata, allowing staff to focus on other coverages within authorizations for patients

▶ **94.9%**
First-Pass Approval Rate was obtained through the improved quality of submissions

▶ **100%**
improvement in days-out through a combination of improved payer approval timelines and workload prioritization

Humata Health:
Your Partner in Solving Prior Authorization

Call for more information: [407-487-8991]

Ask a question via email: [info@humatahealth.com]

Learn more

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